Form Approved, OMB No. 2050-0039

Ple	ease pr	int or type. (Form desig	ned for use on elite (12-pit						For	m Approved. (OMB No. 2	2050-003			
1	W	FORM HAZARDOUS ASTE MANIFEST	1. Generator ID Number	6846		3. Emergency Respo		4. Manifest	Tracking N	lumber	7	LE			
		enerator's Name and Mailin				Generator's Site Addre	ess (if different to	nan mailing addre	ss)						
		549 North New Yichita. KS 6721		,		SAME									
		Generator's Phone: 6. Transporter, 1 Company Name													
	Gene 6. Tra	erator's Phone: ansporter 1 Company Name	е	V.Sa. III			- E. S	SETTIC EDAID	Mumbor	27 1 -27	1	nous letter			
	Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number														
		ansporter 2 Company Name						U.S. EPA ID I	Number						
П								1							
П	8. De	signated Facility Name and	Site Address						U.S. EPA ID Number						
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П		ty's Phone:													
П	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))					10. Containers No. Type		12. Unit Wt./Vol.	13. Waste Codes					
			ARDOUS WASTE,	3010, N.O.S., (F00	1, F003),	140.	Туре	Quantity	VVI./ VOI.	\$402 F	002 11	1003			
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П	marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary														
П	Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.														
П	Gener	ator's/Offeror's Printed/Type		Signa	ture .	1	Month Day Ye								
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ANS	Transp	oorter 2 Printed/Typed Nam	е		Signa	ture				Month	Day	Year			
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1	18. Dis	screpancy													
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_	Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number														
들	100.74	ernate Facility (or Generator) U.S. EPA ID Number													
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回		18c. Signature of Alternate Facility (or Generator) Month Day													
DESIGNATED FACILITY												Year			
SIG	19. Ha	zardous Waste Report Man	agement Method Codes (i.e.,	codes for hazardous waste treat	ment, disposal, a	and recycling systems)									
B	1. \$1.32							4.							
		signated Facility Owner or 0 I/Typed Name	Operator: Certification of recei	pt of hazardous materials covere	d by the manifes Signa		em 18a			Month	Dov	Voor			
	rimten				Oigita					MOUNT	Day	Year			

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